



# PERMANENT SIGN APPLICATION

Santa Rosa County Community Planning, Zoning & Development Division  
6051 Old Bagdad Highway  
Milton, FL 32583

Phone: (850) 981-7075 or (850) 939-1259 Fax: (850) 983-9874  
E-Mail: [planning@santarosa.fl.gov](mailto:planning@santarosa.fl.gov) Website: [www.santarosa.fl.gov](http://www.santarosa.fl.gov)

**\*\*FOR OFFICIAL USE ONLY\*\***

Application No. _____ -S-_____	Date received _____
Fee _____	Receipt _____
Approval Date: _____	Zoning District _____

Please submit the following along with the complete application:

- \_\_\_\_\_ Fee of \$100.00 for all permanent signs
- \_\_\_\_\_ A drawing of sign showing all dimensions of the sign
- \_\_\_\_\_ Site Plan of property to scale showing property lines and placement of the sign with setbacks.
- \_\_\_\_\_ Legal description (or tax parcel I.D. number) of property on which the sign is proposed
- \_\_\_\_\_ Notarized Owner/Trustee authorization letter (for off-premise and subdivision signs)

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- On-premise sign applications will be reviewed and approved or denied within three (3) working days of submittal of a COMPLETE application
  - Off-premise sign applications will be reviewed and approved or denied within five (5) working days of submittal of a COMPLETE application
  - This application is for Zoning Approval Only. Building Codes can possibly apply for the construction or erection of signs. For information regarding these codes and the possible requirements of a construction permit, contact the Building Department at: 850-981-7000.

Revised 10/20/06

Name of Project: \_\_\_\_\_

Address of Project: \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ZONED \_\_\_\_\_

**CONTRATOR**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SIGN OWNER:**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_

**LAND OWNER:**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Applicant/Representative Signature:** \_\_\_\_\_

**TYPE OF SIGN (See Article 8 - Land Development Code):**

**CIRCLE ALL THAT APPLY:**    Wall    On Premise    On Premise Shopping Center (7 OR MORE STORES)

On Premise Strip Center (2 TO 6 STORES)    Subdivision    Off Premise    Off-Premise-Directional

State the number of Business spaces provided: \_\_\_\_\_

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**On/Off Premise and Subdivision Signs**

Number of sign fronts \_\_\_\_\_ Height of Sign \_\_\_\_\_

Dimensions of sign \_\_\_\_\_ Total square footage \_\_\_\_\_

Front Setback: \_\_\_\_\_ Side Setback: \_\_\_\_\_

NOTE: setbacks are measured from the leading edge of a sign or supporting upright whichever protrudes farthest out towards the property line.

Off-Premise signs must be posted on the property and be visible from the right of way prior to the pre-approved site visit.

For off premise signs: When construction is completed, the sign application number must be permanently affixed in three (3) inch lettering visible from the road frontage.

Are there any **existing signs**, structures or portion of an existing sign on property at this time? If so please describe the conditions \_\_\_\_\_

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**Wall Signs**

Dimensions of sign(s) \_\_\_\_\_

Street front elevation:      Height of Building \_\_\_\_\_ Length of Building \_\_\_\_\_

For Office Use Only

Wall Sign Size Allowed (10%) \_\_\_\_\_ Used \_\_\_\_\_ Remaining \_\_\_\_\_

The Green laminated approval form from the Planning & Zoning Department must be posted & visible from the street front on the job site BEFORE any development may begin. If not posted - a citation may be issued.

After the sign has been erected or construction completed a request must be made to the Planning and Zoning Department for a **final inspection**. This is in addition to your final inspection by the Building Department.

**THIS APPROVAL IS VOID AFTER 1 (ONE) YEAR IF CONSTRUCTION HAS NOT COMMENCED.**

(TO BE COMPLETED FOR OFF-PREMISE SIGNS ONLY)

## Owner/Trustee Authorization Letter

I declare and affirm that I am the Owner or Trustee of the real **property** (land) mentioned here:

\_\_\_\_\_  
(Tax Parcel ID Number)

located at: \_\_\_\_\_  
(street address if existing)

and have full authority to authorize:

\_\_\_\_\_  
(Name of person or company)

to submit a **Permanent Sign** Application for the aforementioned real property. I understand that sign construction is subject to Building Code and contractor competency requirements as administered by the Santa Rosa County Building Inspections Department.

\_\_\_\_\_  
( Print Name of Owner or Trustee)

\_\_\_\_\_  
(Your Street Address)

\_\_\_\_\_  
(City, State, Zip )

\_\_\_\_\_  
(Owner or Trustees Phone Number)

\_\_\_\_\_  
(Signature of Owner or Trustee)

\_\_\_\_\_  
(Date)

Notary \_\_\_\_\_  
(Print Name)

Expiration Date of Seal \_\_\_\_\_

ID Produced \_\_\_\_\_

Personally Known \_\_\_\_\_

Notary Signature \_\_\_\_\_

Date: \_\_\_\_\_

Seal:

Comments: